

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000112632

1. Entity Name

RUST CONSULTANT, CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -7 AM 8:42

Principal Place of Business

1020 NE 7TH AVE # 1
FORT LAUDERDALE, FL 33304

Mailing Address

1020 NE 7TH AVE # 1
FORT LAUDERDALE, FL 33304

2. Principal Place of Business

3. Mailing Address

1500 SE 3RD COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 111

City & State

City & State

DEERFIELD BEACH, FL

4. FEI Number

65-1064237

Applied For

Not Applicable

Zip

Country

USA

Zip

33441

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

FERRUGEM, RONILDO LUIZ
1020 NE 7TH AVE # 1
FORT LAUDERDALE, FL 33304

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 may Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME FERRUGEM, RONILDO LUIZ
STREET ADDRESS 1020 NE 7TH AVE # 1
CITY - ST - ZIP FORT LAUDERDALE, FL 33304

TITLE PD ☐ Change ☐ Addition
NAME FERRUGEM, RONILDO LUIZ
STREET ADDRESS 1020 NE 7TH AVE # 1
CITY - ST - ZIP FORT LAUDERDALE, FL 33304

TITLE D ☒ Delete
NAME FERRUGEM, ANA F
STREET ADDRESS 1020 NE 7TH AVE # 1
CITY - ST - ZIP FORT LAUDERDALE, FL 33304

TITLE ☐ Change ☐ Addition
NAME *Pond*
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 (3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as qualified by chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X* SIGNATURE REQUIRED

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/02 (561) 305-5055

Date

Daytime Phone #